

## Patient information

# Enhanced Recovery Programme in Gynaecology

## Introduction

“Enhanced Recovery” for patients undergoing surgery is a concept which involves using a number of steps which, when added together, help people recover more quickly. This leaflet is written to increase your understanding of the programme so that you can play an active part in your own recovery. If there is anything you are not sure about, please ask. It is important that you understand the steps involved so that you, and if possible your family and friends, can be involved.

## What is involved?

The general principles which govern the programme are:

- **Clinical effectiveness** - using methods which are proven to work to enhance recovery.
- **Safety** - aiming to make surgery as safe as possible for you.
- **Improving the patient’s experience** - we want you to be involved in decisions about your care along the way and also to give feedback to us to try to improve our service.

## The programme

### 1. Referral to hospital

When you are referred to the hospital you will have an opportunity to speak to the medical and nursing staff who will help you make a decision about proceeding to surgery. It is important that you understand all the treatment options, including the risks and benefits of surgery and have realistic expectations about what is involved. If

in doubt, please ask. Your GP is in the best position to know if you have any medical conditions such as raised blood pressure or diabetes. These should be as well-controlled as possible. Unless your operation is urgent these problems may need to be reviewed to make sure you are as fit as possible before your operation.

## **2. Pre-operative assessment**

Once surgery has been decided upon you will have an opportunity to discuss your forthcoming admission with a nurse in a dedicated pre-assessment clinic. This will include planning for the time when you are discharged in case you require any extra help. Patients undergoing surgery spend less time in hospital whenever possible as they tend to recover better in their own home - typically women having vaginal or laparoscopic surgery spend 24-36 hours on the ward and women undergoing open surgery 2-3 days.

## **3. Pre-operative nutrition**

You will be given 4 drinks to take before your surgery. You should take the first three at home the day before with your usual meals and the final drink 2 hours before your surgery on your admission day. The idea is to minimise the stress to your body of having an operation as your body needs more nourishment than usual to heal. You also need to have ordinary water up until 2 hours before surgery and sips of water until your operation.

## **4. Before surgery**

The anaesthetist will explain which type of anaesthetic is most suitable for you and will plan your pain relief with you. It is important to keep warm before the operation.

## **5. Following surgery on the ward**

- **Food and drink:** You can start drinking a few hours after your operation and have food if you wish. It is important that you eat and drink early and we will encourage you to have food as well as nourishing drinks.
- **Moving in bed:** When you wake up it is important to start moving about early. Deep breathing exercises reduce the risk of chest infection: breathe in through your nose and out through your mouth slowly then “huff” with your mouth as if trying to blow something off your nose - repeat this twice every hour. You should also move your feet about - point them up and down and turn your ankles to reduce the risk of clots in your legs.
- **Mobilisation:** The staff will help you to get out of bed from about six hours after your operation, spending 2 hours out of bed on the day of surgery. You will be encouraged to walk the length of the ward 4-6 times the next day. By

being out of bed in a more upright position and by walking regularly your lung function is improved and more oxygen is carried around the body. Try and wear day clothes after your operation as this can help you feel positive about your recovery. Loose clothes such as jogging trousers and tee-shirts are more comfortable.

- **Pain control:** It is important that your pain is controlled so that you can move about, breathe deeply, eat and drink and sleep well. The doctors will prescribe types of pain-relieving medicines which work in different ways - they work best if taken regularly.
- **Sickness:** Sometimes after an operation a person may feel sick or be sick. You will be given medication during surgery to reduce this but if you do feel sick tell the staff who can provide other medication. It is important to relieve sickness so that you can eat and drink normally.
- **Catheters and drips:** During your operation a catheter is usually put into your bladder so that the staff can check how much urine you are producing. This will be removed as soon as possible, usually on the morning after your operation. You will have a fluid drip put into your arm during your operation which is normally removed the day afterwards.
- **Oxygen:** You may be given extra oxygen to breath after your operation until you are up and about.

## 6. When going home

The date for your discharge will normally be planned with you at the pre-assessment visit. When you leave hospital we will give you any medications you might need for the first week.

## 7. What to expect after your operation

Complications do not happen often but it is important to know what to watch out for. During the first 24 hours after discharge please phone the number given on this leaflet if you are worried about any of the following:

- **Abdominal pain:** You may get colicky (wavy) pains in the first few days which lasts for up to a few minutes and then subside. If you develop severe pain you should contact us on the numbers provided.
- **The wound:** It is not unusual with open surgery for your wound to be tender and slightly red for a few weeks. Please let us know if your wound is becoming inflamed or swollen or starts to discharge fluid.
- **Bowels:** It is normal for your bowel habits to change for a while after your

operation with a tendency to constipation. Make sure you eat regular meals and take plenty of fluid and also take regular walks.

- **Passing urine:** Sometimes after surgery you may experience a feeling of your bladder not emptying fully. This usually resolves in time. If it does not or you have excessive tingling when passing urine please ring us as you may have an infection.
- **Exercise:** Activity is encouraged from day one following surgery. You should take regular exercise daily. Gradually increase your exercise during four weeks following your operation until you are back to your normal level of activity. Heavy lifting is best avoided until six weeks. Common sense should guide your exercise and rehabilitation. If your wound is uncomfortable go easy with your exercise. Once your wound is pain-free you can undertake most activities.
- **Work:** Some people return to work within 2-4 weeks after surgery, but most people do not return until 6 weeks, especially if the work involves manual labour. It is normal to feel more tired than usual at first.
- **Driving:** Do not drive until you feel confident to do so safely. If in doubt check with your insurance company before driving again.

If you are concerned about later complications please contact your GP who can arrange a review on the ward if required.

## 8. Follow-up

Before you go home any plans for follow-up will be explained to you. You will usually be seen in the clinic for a post-operative check at six weeks but we may need to contact you before then when the histology report is available from the laboratory.

## 9. Your feedback

It is important to us to know about your own experience and how we can improve our enhanced recovery service. Before you leave the ward please fill in the patient experience survey.

Gynaecology Ward

Contact Ward F10

01284 713236

**Reference:** NHS Choices [www.nhs.uk/conditions/enhancedrecovery](http://www.nhs.uk/conditions/enhancedrecovery)

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<https://www.accessable.co.uk/organisations/west-suffolk-nhs-foundation-trust>

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